

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

9/2/04 : REQUEST FOR PATENT FEE REFUND

1 Date of Request: 9/2/04 2 Serial/Patent # 10/647,945

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/>	Petition			\$ 130
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 130	
		8 TO BE REFUNDED BY:		
10 REASON:		<input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input checked="" type="checkbox"/> No Fee Due (Explanation): <u>pt. refund</u>		
		<input checked="" type="checkbox"/> Credit Deposit A/C #: <u>20-0468</u>		
11 REFUND REQUESTED BY:		TYPED/PRINTED NAME: <u>CHARLENE A GRANT</u> TITLE: <u>ATTORNEY</u> SIGNATURE: <u>C. Grant</u> PHONE: <u>301-592-2511</u> OFFICE: <u>Patent</u> ***** THIS SPACE RESERVED FOR FINANCIAL USE ONLY: <u>Patent</u> APPROVED: <u>Office Manager</u> DATE: <u>9/3/04</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B